System of Primary Health Care in Kiev Military-Medical Center

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The strategy of the World Health Organization (WHO) concerning the reorientation of health service to the primary medical care (PMC) is accepted by the majority of the states of the world. There are strong methodical, financial and economical arguments for this.

Taking into account the urgency and the importance of this problem, the Ministers of Health of many nations have accepted the Lublin Charter in 1996, which recommends that all health care systems develop and improve the PMC. The specific features of the health care system reform in Ukraine, the status of its financing, the process of decentralisation and the transition to a market economy, all also emphasise the need to give a high priority to PMC.

The main purpose and tasks of the reform of PMC are: a) the gradual improvement of the health status of the population by the introduction of preventive measures, by early diagnosis of diseases, and by improving health care access and quality, b) to distribute health care in an equitable manner across primary, secondary and tertiary levels, c) the rationalisation of all types of public health services, d) to reduce the costs of medical care by restricting specialised medical care to cases that really need it, and e) to reduce the number of hospital admissions and to expand the network of day-care and medical aid stations. In this way, we will open the possibilities for the population as a whole to employ medical services, we will increase the patient's opportunities to choose a doctor, and we will increase the responsibility of the physician for the health status of his patients.

According to the Lubin Charter, one of the priorities of the reform of medical support is the reorganisation of the general and specialised out-patient medical care.

The basic principles of our reform of the primary medical care system of the military-medical service are: a) to reorganise primary medical care on the territorial bases and to give the primary responsibility for the quality of medical care to enrolled military personnel and MOD employees; b) to provide specialised out-patient care by the medical specialists of the military hospitals; c) to realise a full availability of PMC and to decentralize the doctor's territorial offices to achieve maximal access of patients to medical care.

Within the framework of the traditional military-medical service structures it was impossible to realise most of these principles of medical care. There was a huge surplus of hospital beds and of doctors in garrison treatment facilities, and there were many medical aid stations where the medical personnel worked often less than half time. In addition, the diagnostic capabilities of the medical units was insufficient.

Paper presented at the RTO HFM Specialists' Meeting on "The Impact of NATO/Multinational Military Missions on Health Care Management", held in Kiev, Ukraine, 4-6 September 2000, and published in RTO MP-068.

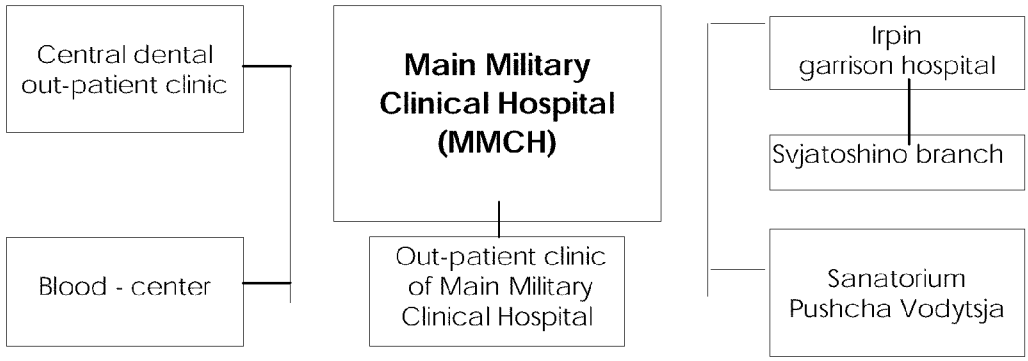
Because there were no medical funding resources available at the garrison level, and because the commanders of the Kiev garrison medical service lacked the means to control the resourcing, there were insufficient opportunities to carry out a redistribution of the resources between the out-patient and the in-patient components of medical care. The opportunities of day-care and home based medical aid stations were used insufficiently.

Thus, radical changes were needed in the medical care system of the Kiev garrison. These included an optimisation of the structure-functional model, implementation of a system of financing, a rational distribution of medical resources, the introduction of better opportunities for the training and promotion of medical personnel, an increase in the amount of medical personnel, and improvement of the professional structure in conformity with modern standards of medical care.

The Kiev Military-Medical Centre was established under special order of the Minister of Defence of Ukraine. Its structure is shown in chart 1.

Chart 1.

Structure of the Kiev Military-Medical Centre



The work of the Kiev Military-Medical Centre started with the development of a set of legislative documents regulating the organisational, managerial, financial and professional aspects of the Centre and the functioning of its units. The development and implementation of credentials and privileges for general military practitioner was an essential part of this work.

First of all we will have to define some important terms. According to the definition accepted by the Levenhort Panel of Experts, the "general practitioner" (GP) is a licensed physician who provides individual primary and continuous medical care to the single persons, families and population, irrespective of age, sex and kind of disease. The “family doctor” is a qualified physician who has the legal right to give various types of primary medical care to patients in a fixed territory.

Many experts consider it very difficult to distinguish between the functions of family doctor and GP. However, taking the special features of the medical care for military personnel and MOD personnel into

account, the GP would seem to be more acceptable for military medicine. An important part of the primary health care reform is the staffing of the out-patient clinic.

Table 1.

Completion of out-patient clinic of Main Military Clinical Hospital by physician staff.

Category of staff	Number of positions	Occupied	Unoccupied	% of occupancy
Officers (Medical Corps)	13	11	2	84.6
Civilian physicians including:	62	61	1	98.4
- general practitioners	59	49 + 10*	0	83.1
- surgeons	3	2	1	66.6
Total:	**75**	**72**	**3**	**96.0 %**

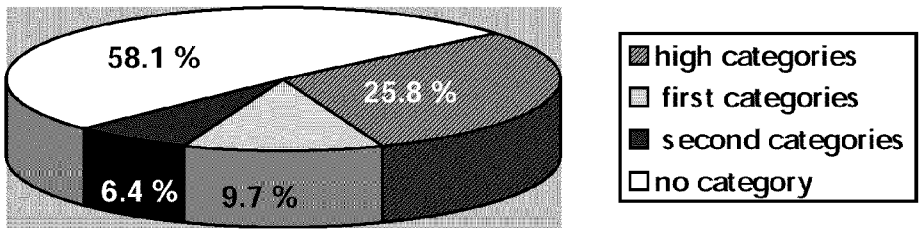
* 10 positions of general practitioners are occupied by 20 interns, who are taking internship under the program of "general practice - family medicine ".

As the data show, the current number of GPs allows us to carry out the primary health care reform successfully. Nevertheless, we continue to pay attention to the training of GPs through internship. Presently, 20 interns take a general practice - family medicine course.

At the present time, 58.3 % of the doctors have a GP certificate. All of them were selected from the internal medicine specialists during last three years. 13.3 % of the doctors will be sent for GP specialisation later this year. Thus, the total proportion of GPs will increase to 71.6 %. The other categories of doctors are highly skilled in internal medicine, with sufficient practical experience, which allows them to carry out the duties of the GP quite effectively.

Distribution of the MMCH doctors on qualifying categories.

Chart 2.



Thus of the total of our physicians, 58.1 % are still without qualifying categories. The reason for this is that they do not make enough hours to get the required qualification. Presently, we work on additional certifications for doctors who were appointed to positions of GP.

The introduction of the new PMC system in 1998-1999 has already yielded positive results. For example, in 1998 only 38 % of patients visited GPs, the rest (62 %) preferred to use the services of specialists. In 1999, this ratio changed radically (64 to 36 %).

According to published data, the average structure of patient visits to GPs is: internal medicine 70,7 %, diseases of ear, throat and nose 3,7 %, diseases of nervous system 3 %, diseases of skin 4,7 %, eye diseases 1,7 %, surgical problems 7 %, others 10,8 %. The distribution health problems of the patients who visited GPs in the out-patient clinic of Main Military Clinical Hospital in 1998-1999 was 68,3; 0,16; 11,0; 3,0; 0,24; 3,0; and 10,2 %, respectively. The background of these differences will be studied later.

We also analysed the structure of diseases based on patients visits to the GP.

Table 2.

The structure of diseases, that required visit to general practitioner of the out-patient clinic of Main Military Clinical Hospital.

No	**Disease**	**Figure**	**%**
1	Influenza and other ARI	151	15.1
2	Coronary heart disease	130	13.0
3	Essential hypertension	109	10.9
4	Chronic gastroduodenitis	73	7.3
5	Peptic ulcer	67	6.7
6	Diseases of the muscles and skeleton	61	6.1

7	Diseases of respiratory system	41	4.1
8	Diabetes mellitus	30	3.0
9	Diseases of digestion system	30	3.0
10	Cholecystitis	28	2.8
11	Diseases of urogenital system	22	2.2
12	Traumas	12	1.2
13	Diseases of nervous system	9	0.9
14	Eye illnesses	7	0.7
15	Diseases of ear, throat and nose	5	0.5
16	Other diseases	130*	13.0
17	Practically healthy	95**	9.5
	Total:	**1000**	**100**

* "Other diseases" concern: tonsillitis, chicken pox, disease of the skin, and others.

** "Practical healthy": patients passed through military-medical expertise.

In 1999, 63 diagnoses were registered per one thousand visits to the GP. In 60 % of visits 15 diagnoses were made, followed by medical treatment provided by GPs on the level of specialised care.

An analysis of the working time of GPs in our out-patient clinic shows that he usually examines 60-70 patients per week, with a limited number of home visits and the provision of care of patients in hospital wards. However, according to data provided by C. Dongherty (1988), a GP normally examines 175-182 patients per week and provides hospital care to 27 patients. The same observations have been published by other researchers (Ju. Gubanov, 1994; O. Mulka, 1999).

So, we have a large reserve which will allow us to further improve of the organisation of the GP working day. The last issue we will address is the method of working of physicians in the territorial districts, who are assigned to military units and educational institutions.

Table 3.

Number of methodical visits of medical officers of the out-patient clinic of Main Military Clinical Hospital to physician territorial districts.

Number of visits	**1998**	**1999**	**2000 (5 months)**
Educational institutions	8	31	25
Military units	11	66	43
Total:	**19**	**97**	**68**

The described initiative has resulted in an improvement of the managerial and medical aspects of primary physician care, and in a more rational use of the health recourses of the Kiev Medical Center. As our experience shows, the development of primary medical care by the GPs on a territorial principle seems to offer the best perspective. The organisation of the work of the GP in providing PMC to military personnel and MOD employees of the Kiev garrison requires further study for scientific substantiation.